MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED MY FILED 1765

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 892 STATE FILE NUMBER 0019295

VS 300 Rev. 4/59

1. PLACE OF DEATH — a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b: 2 WKS

c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION ST JOHNS HOSP — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) — a. STATE Mo — b. COUNTY WEBSTER

c. CITY OR TOWN STRAFFORD — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 6 MI EAST — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
HARRY	H	McDOWELL	MAY	6	1965

5. SEX	6. COLOR OR RACE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
MALE	WHITE		1-1-1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
RET SALESMAN		ILLINOIS	U.S.A

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF ~~HUSBAND~~ OR WIFE
JOHN McDONELL	CHARLOTTE ALLEN	EMMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

17. INFORMANT Address: EMMA McDOWELL STRAFFORD RI

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ASPHYXIA DUE TO ASPIRATION OF EMESIS.	MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	SUBARACHNOID HEMORRHAGE DUE TO RUPTURE OF UNDETERMINED VESSEL.	SEVERAL DAYS
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): BASILAR – VERTEBRAL ARTERY INSUFFICIENCY DUE TO ATHEROSCLEROSIS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month Day Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to 5/6/65 and last saw her/him alive on 5/5/65

Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
O. T Turner M.D.	609 Cherry Springfield	5/12/65

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, Town, or county) (State)
BURIAL	5-9-1965	MARSHFIELD	MARSHFIELD Mo

24. FUNERAL DIRECTOR ADDRESS: BARBER-EDWARDS MARSHFIELD

25. DATE RECD. BY LOCAL REG.: 5-14-65

26. REGISTRAR'S SIGNATURE: Acting Bernice Medley

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF ____ DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0397		
2	1120		
3			
4	0		
5	1		
6			
7	1		
8	1		
9	330X		
10			
11			
12	4-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3162

P. O. Address Mt Ennis, TX

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.